

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11365</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2005</u> Through: <u>12</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing. Name <u>Thomas</u> <u>G</u> <u>Koehler</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>4824 W 96th Street</u> City <u>Bloomington</u> State <u>Minnesota</u> ZIP Code + 4 <u>55437-2002</u>	4. Name, file number, and address of labor organization. Name <u>IBEW Local Union 160</u> Labor Organization File Number <u>022-522</u> -- P.O. Box, Building and Room Number, if any <u></u> Street <u>2522 Marshall St. NE</u> City <u>Minneapolis</u> State <u>Minnesota</u> ZIP Code + 4 <u>55418-3329</u>
5. Position in labor organization. <u>Business Manager/Financial Secretar</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Thomas G. Koehler

On

3/10/06  
Date

612 781 3126  
Telephone Number

Name of Person Filing Thomas Koehler	File Number U-
--------------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Foster Wheeler Twin Cities, Inc.</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>2701 University Ave., Suite 105</u></p> <p>City <u>Minneapolis</u></p> <p>State <u>Minnesota</u> ZIP Code + 4 <u>55414</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Foster Wheeler Twin Cities, Inc.</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>2701 University Ave., Suite 105</u></p> <p>City <u>Minneapolis</u></p> <p>State <u>Minnesota</u> ZIP Code + 4 <u>55414</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Grievance Meeting - Breakfast</u> <u>5/4/05</u></p> <p>11.b. Approximate dollar value of such dealing. <u>8.50</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u></u></p> <p>12.b. Amount. <u></u></p>

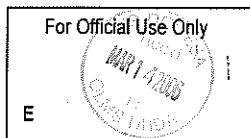
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14.a. Nature of payment.</p> <p><u></u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u></u></p>

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text"/>	2. Fiscal Year Covered From: <input type="text"/> 1 / <input type="text"/> 1 / 2005 Through: <input type="text"/> 12 / <input type="text"/> 31 / 2005
3. Name and address of person filing. Name <input type="text"/> Thomas <input type="text"/> G <input type="text"/> Koehler P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> 4824 W 96th Street City <input type="text"/> Bloomington State <input type="text"/> Minnesota ZIP Code + 4 <input type="text"/> 55437-2002	4. Name, file number, and address of labor organization. Name <input type="text"/> IBEW Local Union 160 Labor Organization File Number <input type="text"/> 022-522 -- P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> 2522 Marshall St. NE City <input type="text"/> Minneaplois State <input type="text"/> Minnesota ZIP Code + 4 <input type="text"/> 55418-3329
5. Position in labor organization. <input type="text"/> Business Manager/Financial Secretar	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

5/10/06  
Date

612 781 3126  
Telephone Number

Name of Person Filing Thomas Koehler	File Number U-
--------------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Foster Wheeler Twin Cities, Inc.  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street 2701 University Ave., Suite 105  
City Minneapolis  
State Minnesota ZIP Code + 4 55414

9. Business deals with:

- ☐ a. Labor Organization  
☐ b. Trust  
☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Foster Wheeler Twin Cities, Inc.  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street 2701 University Ave., Suite 105  
City Minneapolis  
State Minnesota ZIP Code + 4 55414

11.a. Nature of such dealing.

*Labor / Management Meeting  
Breakfast  
5/23/05*

11.b. Approximate dollar value of such dealing.

7.00

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State  ZIP Code + 4

14.a. Nature of payment.

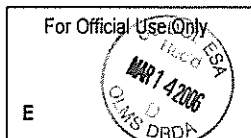
13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text"/>	2. Fiscal Year Covered From: <input type="text"/> 1 / <input type="text"/> 1 / 2005 Through: <input type="text"/> 12 / <input type="text"/> 31 / 2005
3. Name and address of person filing. Name <input type="text"/> Thomas <input type="text"/> G <input type="text"/> Koehler  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text"/> 4824 W 96th Street  City <input type="text"/> Bloomington  State <input type="text"/> Minnesota ZIP Code + 4 <input type="text"/> 55437-2002	4. Name, file number, and address of labor organization. Name <input type="text"/> IBEW Local Union 160  Labor Organization File Number <input type="text"/> 022-522  P.O. Box, Building and Room Number, if any <input type="text"/>  Street <input type="text"/> 2522 Marshall St. NE  City <input type="text"/> Minneapolis  State <input type="text"/> Minnesota ZIP Code + 4 <input type="text"/> 55418-3329
5. Position in labor organization. <input type="text"/> Business Manager/Financial Secretar	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/>  Trade Name, if any: <input type="text"/>  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text"/>  City <input type="text"/>  State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/>     7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Thomas G. Koehler*

On

*3/10/06*  
Date

*612 781 3126*  
Telephone Number

Name of Person Filing <b>Thomas Koehler</b>	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Xcel Energy</u></p> <p>Trade Name, if any: <u>Northern States Power</u></p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <u>414 Nicollet Mall</u></p> <p>City <u>Minneapolis</u></p> <p>State <u>Minnesota</u> ZIP Code + 4 <u>55401</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>Xcel &amp; IBEW Jt. Safety Mtg.</u></p> <p><u>Lunch</u></p>
	<p>11.b. Approximate dollar value of such dealing. <u>10.00</u></p>
	<p>12.a. Nature of interest held or income received.</p> <p><u>Lunch</u></p>
	<p>12.b. Amount. <u>10.00</u></p>

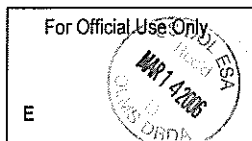
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text"/>	2. Fiscal Year Covered From: <input type="text"/> 1 / <input type="text"/> 1 / 2005 Through: <input type="text"/> 12 / <input type="text"/> 31 / 2005
3. Name and address of person filing. Name <input type="text"/> Thomas <input type="text"/> G <input type="text"/> Koehler  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text"/> 4824 W 96th Street  City <input type="text"/> Bloomington  State <input type="text"/> Minnesota ZIP Code + 4 <input type="text"/> 55437-2002	4. Name, file number, and address of labor organization. Name <input type="text"/> IBEW Local Union 160  Labor Organization File Number <input type="text"/> 022-522 --  P.O. Box, Building and Room Number, if any <input type="text"/>  Street <input type="text"/> 2522 Marshall St. NE  City <input type="text"/> Minneaplois  State <input type="text"/> Minnesota ZIP Code + 4 <input type="text"/> 55418-3329
5. Position in labor organization. <input type="text"/> Business Manager/Financial Secretar	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/>  Trade Name, if any: <input type="text"/>  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text"/>  City <input type="text"/>  State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/>     7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Thomas B. Koehler</u>	On <u>3/10/06</u> Date	<u>612 781 3126</u> Telephone Number





# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text"/>	2. Fiscal Year Covered From: <input type="text"/> 1 / <input type="text"/> 1 / 2005 Through: <input type="text"/> 12 / <input type="text"/> 31 / 2005
3. Name and address of person filing. Name <input type="text"/> Thomas <input type="text"/> G <input type="text"/> Koehler P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> 4824 W 96th Street City <input type="text"/> Bloomington State <input type="text"/> Minnesota ZIP Code + 4 <input type="text"/> 55437-2002	4. Name, file number, and address of labor organization. Name <input type="text"/> IBEW Local Union 160 Labor Organization File Number <input type="text"/> 022-522 P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> 2522 Marshall St. NE City <input type="text"/> Minneapolis State <input type="text"/> Minnesota ZIP Code + 4 <input type="text"/> 55418-3329
5. Position in labor organization. <input type="text"/> Business Manager/Financial Secretar	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Thomas G. Koehler</u>	On <u>3/10/06</u> Date	<u>612 781 3126</u> Telephone Number

Name of Person Filing Thomas Koehler	File Number U-
--------------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Xcel Energy</p> <p>Trade Name, if any: Northern States Power</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 414 Nicollet Mall</p> <p>City Minneapolis</p> <p>State Minnesota ZIP Code + 4 55401</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Grievance meeting</p> <p>Lunch</p> <p>11.b. Approximate dollar value of such dealing. 35.00</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

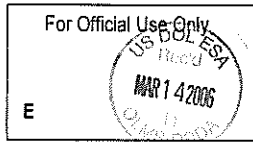
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>14.b. Amount of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text"/>	2. Fiscal Year Covered From: <input type="text"/> 1 / <input type="text"/> 1 / 2005 Through: <input type="text"/> 12 / <input type="text"/> 31 / 2005
3. Name and address of person filing. Name <input type="text"/> Thomas <input type="text"/> G <input type="text"/> Koehler  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text"/> 4824 W 96th Street  City <input type="text"/> Bloomington  State <input type="text"/> Minnesota ZIP Code + 4 <input type="text"/> 55437-2002	4. Name, file number, and address of labor organization. Name <input type="text"/> IBEW Local Union 160  Labor Organization File Number <input type="text"/> 022-522  P.O. Box, Building and Room Number, if any <input type="text"/>  Street <input type="text"/> 2522 Marshall St. NE  City <input type="text"/> Minneapolis  State <input type="text"/> Minnesota ZIP Code + 4 <input type="text"/> 55418-3329
5. Position in labor organization. <input type="text"/> Business Manager/Financial Secretar	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/>  Trade Name, if any: <input type="text"/>  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text"/>  City <input type="text"/>  State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/>     7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <input type="text"/> Thomas H. Koehler	On <input type="text"/> 3/10/06 Date	<input type="text"/> 612 781 3126 Telephone Number

Name of Person Filing Thomas Koehler

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Xcel Energy

Trade Name, if any: Northern States Power

P.O. Box, Bldg., Room No., if any

Street 414 Nicollet Mall

City Minneapolis

State Minnesota ZIP Code + 4 55401

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Negotiations  
Breakfast

11.b. Approximate dollar value of such dealing.

\$ .00

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only 2006

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text"/>	2. Fiscal Year Covered From: <input type="text"/> 1 / <input type="text"/> 1 / 2005 Through: <input type="text"/> 12 / <input type="text"/> 31 / 2005
3. Name and address of person filing. Name <input type="text"/> Thomas <input type="text"/> G <input type="text"/> Koehler P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> 4824 W 96th Street City <input type="text"/> Bloomington State <input type="text"/> Minnesota ZIP Code + 4 <input type="text"/> 55437-2002	4. Name, file number, and address of labor organization. Name <input type="text"/> IBEW Local Union 160 Labor Organization File Number <input type="text"/> 022-522 P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> 2522 Marshall St. NE City <input type="text"/> Minneapolis State <input type="text"/> Minnesota ZIP Code + 4 <input type="text"/> 55418-3329
5. Position in labor organization. <input type="text"/> Business Manager/Financial Secretar	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Thomas B. Koehler*

On

*3/10/06*

Date

*612 781 3126*

Telephone Number

Name of Person Filing Thomas Koehler

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Xcel Energy

Trade Name, if any: Northern States Power

P.O. Box, Bldg., Room No., if any

Street 414 Nicollet Mall

City Minneapolis

State Minnesota ZIP Code + 4 55401

## 9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Labor/Management Mtg.  
Lunch

## 11.b. Approximate dollar value of such dealing.

15.00

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

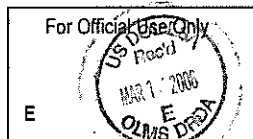
## 14.b. Amount of payment.

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text"/>	2. Fiscal Year Covered From: <input type="text"/> 1 / <input type="text"/> 1 / 2005 Through: <input type="text"/> 12 / <input type="text"/> 31 / 2005
3. Name and address of person filing. Name <input type="text"/> Thomas <input type="text"/> G <input type="text"/> Koehler P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> 4824 W 96th Street City <input type="text"/> Bloomington State <input type="text"/> Minnesota ZIP Code + 4 <input type="text"/> 55437-2002	4. Name, file number, and address of labor organization. Name <input type="text"/> IBEW Local Union 160 Labor Organization File Number <input type="text"/> 022-522 P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> 2522 Marshall St. NE City <input type="text"/> Minneaplois State <input type="text"/> Minnesota ZIP Code + 4 <input type="text"/> 55418-3329
5. Position in labor organization. <input type="text"/> Business Manager/Financial Secretar	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <input type="text"/> Thomas B. Koehler	On <input type="text"/> 3/10/06 Date	<input type="text"/> 612 781 3126 Telephone Number

